

Memorial Dedication Order Form for Plaques
\$36 each, 5 or more \$30 each, 10 or more \$26 each
Fill out one form for each plaque

Date Ordered: _____

Name of deceased: _____

Birth year: _____

English date of death (month, day, year) _____

Hebrew date of death (i.e 7 Sivan, 5751) _____

- **If you do not know the Hebrew date of death we will look it up.**

I prefer not to have the Hebrew date of death on the plaque

Donor Name: _____

Address _____ **City** _____ **State:** ___ **Zip:** _____

Phones: Home: _____ **Cell:** _____

E-mail: _____

Payment Method (Please consider paying by check, thus saving the Havurah credit card fees)
If ordering more than one plaque, fill out information below just once.

Total amount of order: \$ _____

Check enclosed

Charge my credit/debit card:

Debit/Credit Card Information

MasterCard

Visa

Discover

American Express

Card #: _____

Expires: ____/____

Security code _____

Name on Card (print) _____

Billing address (if different than above): _____

Signature: _____

Mail to Havurah Shir Hadash, P.O. Box 1262, Ashland, OR 97520.
Call 541-488-7716 with questions. Thank you!